## PART B - FEE(S) TRANSMITTAL

Complete and send	AUG 2 9 2006	vith applicable fee(s), to: <u>Mail</u> or <u>Fax</u>		Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents	*
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below the patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  26389 7590 06/02/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
08/30/2006 WABDELR3 00000012 09990238				Victoria Sellers (Depositor's name)		
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP			Augus	24, 2	(Signature)
APPLICATION NO.	ATION NO. FILING DATE FIRST NAMED INV			NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,238 11/21/2001 Dahai Yu MEIP118201 1926 TITLE OF INVENTION: METHOD AND APPARATUS FOR THREE DIMENSIONAL EDGE TRACING WITH Z HEIGHT ADJUSTMENT						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/05/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
CHAWAN, SHEELA C		2624		382-145000	•	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  CHRISTENSEN O'CONNOR  1			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Mitutoyo Corporation  Kawasaki-shi, Japan						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 🖾 Corporation or other private group entity 🖸 Government						
X Issue Fee  X Publication Fee (No small entity discount permitted)  ☐ 1. varance Order - # of Copies			4b. Payment of Fee(s):  X A check in the amount of the fee(s) is enclosed. Check No. 171904  ☐ Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).			
5. Change in Entity Status (	from status indicated above IALL ENTITY status. See		h Applicant is a	o longer claiming SMA	LL ENTITY status. See 37 C	FP 1 27(a)(2)
	s requested to apply the Issublication Fee (if required) v	e Fee and Publicat	ion Fee (if any) or to	-		ation identified above. he assignee or other party in
Authorized Signature Shah Luh			Date8/3/06			
Typed or printed name Shoko I. Leek			Registration No. 43,746			
This collection of information an application. Confidentialit submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reduct	750.				the public which is to file (an minutes to complete, includi omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	